

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTIMENT OF HEALTH AND HUMAN SERVICE

7700 E. Spring St. * Long Beach, CA 90815 *

O DOG NOISE PROHIBITED LBMC 6.16.110

(562) 570-7387 * FAX (562) 570-3053



Animal Care Services Bureau

PETITION TO DECLARE WITNESS OF A VIOLATION(S) OF TITLE 6 OF THE LONG BEACH MUNICIPAL CODE

0	DOG LEASH REQUIRED LBMC 6.16.100 A.
0	DEFECATION REMOVAL REQUIRED LBMC 6.16.200
	erson Responsible Name:
Pe	erson Responsible Address:
Αc	ddress where dog(s) is/are kept if different than above
De	escription of the dog(s)
De	escribe the violation:

We the undersigned, **declare under penalty of perjury**, and certify that the above statements are true and correct, and if requested are willing to appear and testify in the matter regarding the above described violation(s).

Note: Persons signing this petition MUST have direct knowledge of and be a witness to the violation(s) listed above and must personally complete the attached Complaint Investigation Report.

Date	Name (print)	Signature	Address	Phone #



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COMPLAINT INVESTIGATION REPORT

DATE:/		
PETITIONER NAME:	PHONE:	
PETITIONER ADDRESS:	ZIP:	
PETITIONER ADDRESS:PERSON RESPONSIBLE'S ADDRESS:		ZIP:
Are you currently being bothered by any of the following? Barking Howling Whining:	Defecation:	
When was the last time and date you were disturbed? Date:/ Time:/ am pm		
Comments:		
Are you currently being bothered by a dog(s) running unleashed? What was the last time and date you observed the dog(s) running	Yes unleashed? Date _	No //
Comments:		
Have you ever spoken to the PERSON RESPONSIBLE regarding No If you have spoken to the PERSON RESPONSIBLE, what was the Was there a sign of improvement? Yes No Please explain:	e date: Date://	
I, the undersigned, declare under penalty of perjury , and certify and correct and declare the disturbance severe enough that I am and/or administrative hearing and testify as a witness and explain	willing to appear in a d	court of law
Yes, I will appear and testify if ne	eded:	
Signature:		
No, I will not appear for the following	reasons:	
OFFICE USE ONLY		
Reviewing Officer's Comments:		



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DATE://				
PETITIONER NAME	E:		PHONE: _	
PETITIONER ADDR	RESS:		ZIF):
PERSON RESPON	SIBLE'S ADDRE	ESS:		ZIP:
		any of the following? Whining:	Defecation:	
When was the last t				
Comments:				
Are you currently be What was the last ti	eing bothered by me and date you	a dog(s) running unleash u observed the dog(s) run	ned? Yes ning unleashed? Da	No te//
Comments:				
No If you have spoken Was there a sign of	to the PERSON improvement?	ON RESPONSIBLE regar RESPONSIBLE, what wa Yes No	as the date: Date:/_	_/
and correct and dec	lare the disturba	enalty of perjury, and ce ince severe enough that I estify as a witness and exp	am willing to appear in	a court of law
	Yes	s, I will appear and testify	if needed:	
	Signature:			
	No, I w	rill not appear for the follow	wing reasons:	
		OFFICE USE ONLY		
Reviewing Off:	icer's Comm	ents:		



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DATE://				
PETITIONER NAME:			PHONE:	
PETITIONER ADDRESS	5:		ZIP	·
PERSON RESPONSIBL	.E'S ADDRESS:			ZIP:
	oothered by any of the followling Whin		Other:	
	and date you were disturb me:/ am p			
Comments:				
	oothered by a dog(s) runn and date you observed the			
Comments:				
Have you ever spoken to	the PERSON RESPONS	SIBLE regarding	your complaint?	Yes
Was there a sign of impl	e PERSON RESPONSIBI rovement? Yes	No		
and correct and declare	are under penalty of per the disturbance severe en aring and testify as a with	nough that I am ess and explain	willing to appear in how I am being dis	a court of law
	Yes, I will appear	and testify if ne	eded:	
	Signature:			
	No, I will not appear	for the following	reasons:	
	OFFICE U			
	OFFICE U.	SE ONLI		
Reviewing Office	r's Comments:			